

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		3		3			54						
5		3		3			55						
6		3		3			56						
7		3		3			57						
8		3		3			58						
9		3		3			59						
10		3		3			60						
11		3		3			61						
12		3		3			62						
13		3		3			63						
14		3		3			64						
15		3		3			65						
16		3		3			66						
17		3		3			67						
18		3		3			68						
19		3		3			69						
20			1				70						
21			1				71						
22			1				72						
23				3			73						
24				3			74						
25				3			75						
26				3			76						
27				3			77						
28				3			78						
29				3			79						
30				3			80						
31				3			81						
32				3			82						
33				3			83						
34				3			84						
35				3			85						
36				3			86						
37				3			87						
38				3			88						
39				3			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		6				TOTAL IND.						
TOTAL DEP.	48		99				TOTAL DEP.						
TOTAL CLAIMS	51		105				TOTAL CLAIMS						